PREMIER INFUSION CENTER

📜 Cabenuva (cabotegravir/rilpivirine) Injection Order Form

📞 405-442-7577 📠 405-442-7223
📧 orders@premierinfusioncenter.com

👤 Patient Information

- **Full Name:** _____
- **Date of Birth:** ____ / ____ / _____
- **Phone:** _____ **Email:** _____
- **Address:** _____
- **Weight:** _____ lb/kg
- **Allergies:** ☐ NKDA ☐ _____
- **Treatment Status:** ☐ New ☐ Continued **Last Treatment Date:** ____ / ____ / ____

🔹 Diagnosis (ICD-10 Selection)

☐ B20 – HIV disease
☐ Z21 – Asymptomatic HIV infection status
☐ Other: _____ **ICD-10 Code:** _____

🔹 Injection Order

- **Monthly Dosing:**
  ☐ 600 mg cabotegravir / 900 mg rilpivirine IM (Initiation)
  ☐ 400 mg cabotegravir / 600 mg rilpivirine IM every month (Maintenance)
- **Every-2-Months Dosing:**
  ☐ 600 mg / 900 mg IM monthly × 2 doses (Initiation)
  ☐ 600 mg / 900 mg IM every 2 months (Maintenance)
- ☐ Oral lead-in with Vocabria/Edurant: ☐ Yes ☐ No
- ☐ Refills: ☐ None ☐ 12 months ☐ Other: _____

🔹 Line Use & Access

☐ Start PIV ☐ Access CVC ☐ Use PICC Line

☒ Flush per standard injection protocol

🔹 Adverse Reaction & Anaphylaxis Orders

☒ Premier Infusion Center Protocol (premierinfusioncenter.com)
☐ Other – please fax preferred reaction orders to 405-442-7223

🔹 Premedication (Optional)

☐ Acetaminophen: ☐ 325 mg ☐ 500 mg ☐ 650 mg ☐ PO
☐ Diphenhydramine: ☐ 25 mg ☐ 50 mg ☐ PO ☐ IV
☐ Other: _____ **Dose:** _____ **Route:** _____

🔹 Laboratory Monitoring

☐ HIV-1 RNA
☐ LFTs ☐ Renal Function ☐ CBC ☐ CMP
☐ Other: _____
Frequency: ☐ Prior to each dose ☐ Baseline only ☐ Other: _____
☐ Physician office will order labs only

🔹 Clinical Documentation Checklist

☐ Recent progress notes ☐ Last H&P ☐ Lab results ☐ Medication list

🔹 Ordering Provider & Demographics

- **Name:** _____
- **NPI:** _____ **License #:** _____
- **Contact:** _____ **Phone:** _____ **Fax:** _____
- **Email:** _____
- **Signature:** _____ **Date:** ____ / _____ / _____